

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

**10/587,246**

FILING DATE

**7-26-06**

APPLICANT(S)

**10-26-06 CLAIMS**

	<i>after Article 34</i>		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		1		1		1
4		1		1		1
5		1		1		1
6		2		2		2
7						
8						
9		1		1		1
10						
11		1		1		1
12						
13						2
14					1	
15						
16						1
17						1
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50						
TOTAL IND.	1	↓	1	↓	3	↓
TOTAL DEP.	8	←	8	←	14	←
TOTAL CLAIMS	9		9		17	

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						